



Applicant Name _____

Date of Application _____

Case # _____

We have received your Medicaid application through Utah Clicks. This packet of information contains information to help you complete the application process.

Page 1 is your signature page. Please read the information, sign and date the form. Remove this page and send it to our office in the enclosed envelope or fax it to _____. If we do not receive this form within 30 days of the date you applied, your application will be denied. Once we receive the signed form and the requested verifications, we will process your application.

Page 2 is a copy of your rights and responsibilities. This information is for you to keep.

Page 3 (Form 476) is a list of household changes that could effect your eligibility for Medicaid. You should keep this list and report any of these changes to your Medicaid worker. The name of your worker and your case number are listed at the bottom of the page.

Pages 4 & 5 are the Utah Department of Health Notice of Privacy Practices. It is also for your information.

Page 6 (Form 124) is a list of verifications we need to determine your eligibility for Medicaid. There may be additional information needed. Your worker will let you know.

If you have any questions regarding this information, please let your worker know.

Worker Name _____ Phone # _____